

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012156

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 156Primary Registration District No. 200Registrar's No. 177

FILED APR 2 1963

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Cherokee</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joplin</b>		Length of stay in lb <b>3 days</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>707 East 5th.</b>	
3. NAME OF DECEASED (Type or print) First <b>Raymond</b> Middle <b>Henry</b> Last <b>Williams</b>		4. DATE OF DEATH Month <b>March</b> Day <b>26</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-18-1907</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Telephone Maintenance</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Telephone Repair</b>	
11. BIRTHPLACE (City and state or country) <b>Galena, Kansas</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William Henry Williams</b>		13b. MOTHER'S MAIDEN NAME <b>Nellie Lou Poor</b>	
14. NAME OF HUSBAND OR WIFE <b>Beatrice Williams</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>06</b>		17. INFORMANT Address <b>Mrs. Beatrice Williams, (Galena Kan</b>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Thromboses Superior Vena Cava &amp; Cerebral</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Carcinoma Mediastinal Metastatic</b>		Indetermin.	
DUE TO (c) <b>Carcinoma Bronchogenic Upper Rt lobe</b>		<b>8 mo's ?</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year <input type="checkbox"/>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>1952</b> to <b>26 March 1963</b> and last saw him alive on <b>26 March 1963</b> Death occurred at <b>1:05 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Paul H. Grubb M.D.</b> (Degree or title)		22b. ADDRESS <b>Joplin, Mo</b>	
22c. DATE SIGNED <b>3/28/63</b> (State)		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
23b. DATE <b>3-29-1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Hill Crest Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Galena, Kansas</b>		24. FUNERAL DIRECTOR <b>Roy L. Derfelt</b> ADDRESS <b>Galena, Kansas</b>	
25. DATE RECD. BY LOCAL REG. <b>3-29-1963</b>		26. REGISTRAR'S SIGNATURE <b>Dove Merriam</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

APR 8 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Roy L. Desfelt*

Licensed Embalmer No. 4945

P. O. Address Salina, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.